

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	DAVID WILLIAMS, PRO SE	COURT CASE NUMBER	05-cv-11104 MLW
DEFENDANT	DAVID NOLAN, ET AL.	TYPE OF PROCESS	Summons And Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN → Ms. FRANCIS MACKINNON - [REDACTED]		
AT	50 MAPLE ST, SUITE 3, MILFORD, MA 01757-3698		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	4
<input checked="" type="checkbox"/> MR. DAVID WILLIAMS W-12189 P.O. Box 100 So. Weymouth, MA 02071-0100		Number of parties to be served in this case	6
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

PERSONAL CAPACITY
United States Postal Service

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
David Williams, pro se	<input type="checkbox"/> DEFENDANT	NONE	August 28, 05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk Kerry Jalaneen	Date 9/14/05
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)	Date of Service	Time	am
			pm
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: *Process returned unexecuted by US Postal Service 9/23/05 at
Please see attached*

UNITED STATES DISTRICT COURT

EASTERN

District of

MASSACHUSETTS

DAVID WILLIAMS, PRO SE
Plaintiff,
V.

FRANCIS MACKINNON, in her
personal capacity,
Defendant.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

05 11104 MLW

TO: (Name and address of Defendant)

Ms. Francis MacKinnon
50 Maple St, Suite 3
Milford, MA 01757-3698

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David Williams
w-42189
P.O. Box 100,
So. Walpole, MA 02071-0100

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

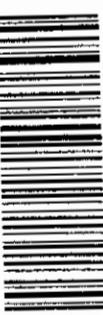
SARAH A. THORNTON

CLERK

(By) DEPUTY CLERK



MAY 26 2005



U.S. Department of Justice
United States Marshals Service

District of Massachusetts
U.S. Courthouse
1 Court Square
Boston, MA 02110
Official Business
Penalty for Private Use \$500

7002 0510 0004 1359 3471



■ Attach this card to the back of the mailpiece or on the front if space permits.		C. Date of Deliv
1. Article Addressed to:		
REASON CHECKED <input checked="" type="checkbox"/> Unclaimed <input type="checkbox"/> Refused <input type="checkbox"/> Attempted-Not Known <input type="checkbox"/> Insufficient Address <input type="checkbox"/> No such street <input type="checkbox"/> Service Type <input type="checkbox"/> No such office in state <input type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Do not remail to this address <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Do not remail to this address <input type="checkbox"/> Certified Mail <input type="checkbox"/> C.O.D. 		
2. Article Number <i>(Transfer from service)</i> 7002 0510 0004 1359 3471		
PS Form 3811, February 2004		Domestic Return Receipt
		102595-02-M-1

*NAME: Francis Mackinnon
1st Notice 7/15/05
2nd Notice
Return*

Reason in Wallpole

RETURNED TO SENDER
REASON CHECKED
Unclaimed Refused
Attempted-Not Known
Insufficient Address
No such street
No such office in state
Do not remail to this address

FRANCIS MACKINNON
50 MAPLE ST, SUITE 3
MILFORD, MA 01757-3698

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mainpiece, or on the front if space permits. 			
1. Article Addressed to:		<input checked="" type="checkbox"/> If delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If NE different delivery address below: <input type="checkbox"/> No SENDER	
REASON CHECKED Undelivered <input checked="" type="checkbox"/> Attempted-Not known <input type="checkbox"/> Insufficient Address <input type="checkbox"/> No such street <input type="checkbox"/> No such office in state <input type="checkbox"/> No such office in city <input type="checkbox"/> Do not remail to this address <input type="checkbox"/>			
3. Service Type <input type="checkbox"/> Standard Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
2. Article Number (Transfer from service)		7002 0510 0004 1359 3471	
PS Form 3811, February 2004		Domestic Return Receipt	
10258-02-M-1540			

7002 0510 0004 1359 3471

Rate \$3.00



FRANCIS MACKINNON
50 MAPLE ST / SUITE 3
MILFORD, MA 01757-3658

REASON CHECKED
Undelivered
Attempted-Not known
Insufficient Address
No such street
No such office in state
No such office in city
Do not remail to this address

Correct in
We have
NAME
1st Notice
2nd Notice
Return
Refused

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>REASON CHECKED Unclaimed _____ Refused _____ Attempted-Not known _____ Insufficient Address _____ No such street _____ No such office in state _____ Do not remail in this _____ Do not forward Mail _____</p> <p>D. Delivery address different from Item 1? <input type="checkbox"/> Yes E. Return delivery address below: <input type="checkbox"/> No</p> <p>Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p>	
<p>1. Article Addressed to:</p> <p>FRANCIS MACKINNON 50 MAPLE ST., SUITE 3 MILFORD, MA 01757-3698</p>		<p>2. Article Number (Transfer from service) 7002 0510 0004 1359 3471</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
1359 3471		
7002 0510 0004	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$
Sent To: Street: or P.O. Box _____ City, St. _____		Postmark Here
FRANCIS MACKINNON 50 MAPLE ST., SUITE-3 MILFORD, MA 01757-3698		
PS Form _____		
Instructions _____		